

# Recruitment of Minorities for the Health Professions

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An effective recruitment program for minorities must deal with identifying academic potential, supplying motivation, giving financial aid, describing opportunities available, building a professional image, modifying mistaken attitudes or impressions, and giving a clear description of career goals (1). In other words, we must find the students wherever they may be, gain their interest in the profession, attempt to identify individual potential for pursuit of the profession, and give evidence of some ability to help support the student financially once he enters professional school. Further, the program must coexist with reinforcement programs which help to assure successful completion of the professional program being pursued by the students. The student must fully understand that once admitted, he must meet the academic standards of the institution, and that the institution will help in these endeavors (2).

A positive orientation toward the profession must be built into all aspects of the program. That is, the student will already desire a certain degree of personal satisfaction, pleasure, and participation in the good life as factors influencing career selection. Others in pursuit of careers in the health professions will exhibit a need or desire to be of service to others. To focus on the positive orientation toward a specific profession, the recruiters must have a systematic approach to informing young people of the scope, benefits, privileges, and service and career opportunities of the profession. This type of positive orientation must be well organized and should be substantiated by facts, figures, and examples.

With this brief overview of the facets and objectives in professional recruitment, we must then decide how best to achieve these objectives. From our experiences, we believe that the use of individual practitioners and special

team recruitment techniques are the most effective. High school and college counselors generally do not recruit positively. Too many of the persons we encountered as "counselors" were assigned so many other duties that counseling became a part-time activity which they frequently viewed as an extra chore. Further, much of their activity was directed toward distributing materials to students who had already voiced an interest in pursuing a career in the health professions.

With all factors considered, our assessment is that recruitment for any health profession can best be achieved by or through a member of the profession. There is a great recruitment opportunity every time the professional man or woman has the opportunity to treat or interact with youngsters on a one-to-one basis. Naturally, the one-to-one relationship of physician to patient is much more appealing when the physician as "the model" shares individual

characteristics with which the young patient can identify such as race, sex, religion, or ethnic origin. These similarities establish immediate points of contact which enhance desires to simulate or be like the model figure. The scarcity of health professionals, particularly minority health professionals, in certain areas of this country and the lack of exposure of young people to these practitioners has created a paucity in one of the greatest areas of recruitment potential (3). Therefore, recruitment programs in these areas must include compensatory features which are not as available in the "big brother" image. A great responsibility, therefore, is placed upon minority members of the profession to participate widely and vigorously in recruitment programs locally and nationwide.

The focus on minorities to recruit minorities does not intend to imply that recruitment cannot be done by members of other

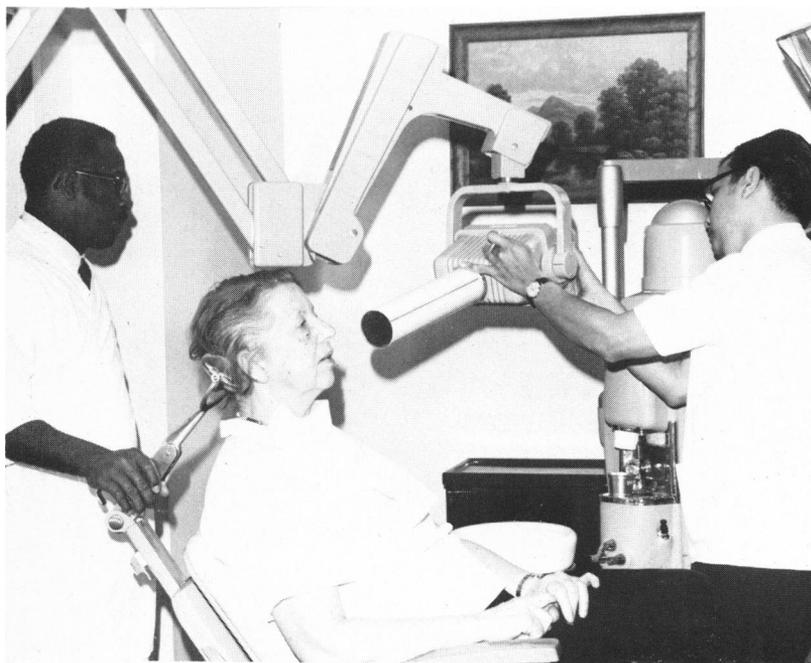
racess, sexes, or religions. In fact, a serious error will be made if the effort is solely directed toward minorities. There must be obvious and clear-cut efforts to recruit for the profession. Failure to include across-the-board efforts may result in polarization, backlash, and lack of support by the public, schools, communications media, and by members of the profession itself (4).

For the health professions, having a paucity of minority persons who are generally overworked, the team approach to recruitment has proved to be an effective means of recruiting. The team used for recruitment can vary from area to area and can include teachers in the health professions, students, local practitioners, and professional counselors. The size of the team may vary with the intended scope of the effort planned and with the ability of individual persons included in the team to cover various aspects of the program. The members of the recruitment team who do not belong to a minority group must be carefully selected and thoroughly trained. The training should be planned and should include self-study and methodology in how best to relate to members of minority groups.

The training program for the recruitment team should include a study of the history of the culture, mores, traditions, beliefs, and disbeliefs of the target population. Also, careful development of oral presentations and on-the-spot informative responses to questions must be developed by the members of the team (5).

### **Recruitment Requirements**

Background data must be developed and orderly prepared as resource and distributional materials in a sophisticated recruit-



*Decline in number of black dental applicants reversed by intensive recruiting*

ment program. Statistical and visual aid personnel should help develop this type of data for the team. Surveys must be made to discover where the members of the profession have come from, why they chose that particular profession, who influenced them, and how they financed their education. Regional manpower statistics need to be collected and projections need to be made. Information should be accumulated related to how many and how long graduates remain in the profession and whether they are satisfied or dissatisfied and, if so, why? Data on income should also be compiled. A well-planned questionnaire and annual summaries prepared by the various health professions may be used to provide meaningful data which can be used to help decide where recruitment efforts will yield the greatest return.

Recruitment is not merely preparing brochures and literature and sending them around to schools, even though these procedures may be adjunctive techniques. Such action is more frequently informational to people who already have an interest in a particular profession. Recruitment, rather, is the winning of someone's aspirations to your field, the changing of minds related to career selection, or the solidifying of a developing or mild interest in a profession. With this belief in mind, it becomes very clear that health professionals cannot expect counselors to "recruit" for them.

The use of visual aids, films, filmstrips, posters, mailbacks, and portable exhibits has a place in the recruitment program. Do not, however, rely too heavily on these materials alone. For example, much money has gone into the

making of several recruitment films for dentistry, but little money or effort has been spent in following up to see that the films are shown where they are needed and as often as needed. Films and brochures collecting dust on a shelf represent lost opportunity and misspent funds. It is extremely important that literature and films be developed to appeal to the level of the audience you are trying to reach. Also, it is important that members of the minority group be represented in these materials to serve as big brother images for the audiences.

Once equipped with data and techniques, the team is ready to go into the field. We have found that the best field approaches are first through the administrators or persons who make policies in a particular school, region, or system of schools. These persons should be carefully informed of the purpose and procedures planned and should be given sufficient materials and data for distribution to the recruitment sites. Once the approval and cooperation of the policymakers has been achieved, individual contacts with central administrators of various schools, school counselors, and science teachers are made. Personal contacts are essential in maintaining direct communication with students encountered during recruitment team visits and to assure a continuous "flow" of recruitment activities in the various areas. Informal sessions, social hours, and luncheons should be held to familiarize counselors, teachers, and principals with the program and to gain their assistance in implementing an ongoing program for students from their area.

Once local approval and cooperation have been secured, the



*The prospective student must be fully acclimated to the professional school environment*

team members must be prepared to give lectures, to participate in small group discussions, to make local television and radio appearances, and to give well prepared "impromptu" interviews to the local press. Therefore, the recruitment visit must be carefully planned and the team members must be carefully selected, prepared, and capable of making good use of the recruiting possibilities.

### **Adjusting Evaluations**

An important consideration in the recruitment of members of minority groups to the health professions is to determine in what way the standard methods of evaluation must be adjusted to get a true picture of the potential of the candidates sought. We have discovered that standard tests used to select prospective students for dentistry, for example, frequently do not show the true capabilities of educationally disadvantaged minority students. Therefore, valid measures of capabilities must be developed. This type of measure has been developed in industry through performance testing rather than through the use of verbal, mathematical, or other standard tests.

In dentistry, we have discovered that of 11 tests included

in the Dental Aptitude Test battery only three are highly predictive of performance for the black student. These segments should have similar counterparts in any health profession testing program. The most predictive tests for us have been tests of reading comprehension, science application, and three-dimensional visualization tests. We believe there is logic in the predictability of these test elements because if the student can understand what he reads, he is teachable. If he can apply what he knows, he can pyramid his knowledge and solve problems. Further, if he can visualize in his mind's eye the end point from different vantage points, then he can develop acute motor skills dealing with fine detail (6).

It should be noted that even with the three tests profiled or with their counterparts, the national average performance of minority students will be low. In dentistry, for example, the score of the educationally disadvantaged minority student is likely to be one standard deviation below the national average for all students. This score, however, will be equivalent to the performance of a student who has received good educational exposure (including socioeconomic factors). Minority students who have received good educational exposure, in general, score one-half a standard deviation below the national average. This level of less than average performance (in spite of good educational exposure) is believed to be related to the family equation and other socioeconomic factors.

One important measure of a successful recruitment program is the number of students recruited who graduate. Specially structured prematriculation and

postmatriculation reinforcement programs of some sort by the college are usually required to maintain the educationally disadvantaged student. We have worked to develop a program in this area for several years and believe that the essential element is consideration of the total individual—his self-image, motivation, character, academic strengths and weaknesses, as well as his educational background and learning skills. Further, the student must be fully acclimated to the professional school environment, accepted by his peers, and included in all facets, educational and social, of the activities pertaining thereto.

To get the most mileage out of recruitment funds, it is frequently prudent to concentrate on urban centers. Data available indicate that a greater proportion of minority students will be in urban centers rather than at State schools which are located in townships or rural areas. This situation is likely because usually a minority student's funds are limited and he must live at home and work to finance his education. For example, in the New York State college system there are roughly 150,000 students, yet they do not have 2,000 minority students in the entire system. The New York City College system has less than 60,000 students, and it has approximately 7,000 minority students. Thus, to recruit students from minority groups one must know where they are, and the program must be designed so that you can reach them.

### Conclusion

There are no definitive answers to designing programs specifically for the recruitment of minority students. The guidelines presented in this paper, however,

have proved to be successful in recruiting students for the dental profession. A decline in the number of black dental applicants faced the College of Dentistry at Howard University in 1968. We have successfully reversed this trend by directing a significant amount of effort and funds toward recruitment, and we believe that a variety of successful approaches can be developed by using the information provided here. Procedures suggested may be modified to meet the different needs of the various health professions. The variety of successful approaches to recruitment of minority students depends on the imagination and ingenuity of persons dedicated to this cause and to the availability of funding for implementation of recruitment programs (7).

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